

INITIAL SCREENING FOR BEDWETTING: THE USE OF QUESTIONNAIRES AND VOIDING DIARIES

First results from a National Belgian study

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BACKGROUND

International guidelines have a consensus that **stratification** of **nocturnal enuresis** (NE) into non-monosymptomatic (**NMNE**) and monosymptomatic (**MNE**) is mandatory at intake to optimize **therapeutic approach**. This stratification is based on clinical parameters (presence or absence of Lower Urinary Tract Symptoms (**LUTS**)) respectively. To identify clinical parameters a checklist (Clinical Management Tool (**CMT**)) and/or **voiding diaries** based on home recordings can be used.

However, these recordings can be **time consuming and difficult** for the family. Moreover, the **added value** to the CMT, especially in treatment naïve patients, is rather expert opinion than evidence based.

RESULTS

- **109 children** included (19 lost in follow up)
- mean **age** was 7,7(±2) years old
- 62 boys (68,9%) and 27 girls (30%)
- 68 children (**75, 6%**) included at a **non-University** center.
- Based on the **CMT** 13 children were diagnosed as **MNE (16,7%)** and 75 children as **NMNE (83,3%)**
- Based on the **diary** 16 children were diagnosed as **MNE (17,8%)** and 74 children as **NMNE (82,2%)**
- 25 children (**27,8%**) had the **same diagnosis** with both methods.

We observed significant **inconsistencies** between the CMT and the diary regarding the presence or not of **LUTS**.

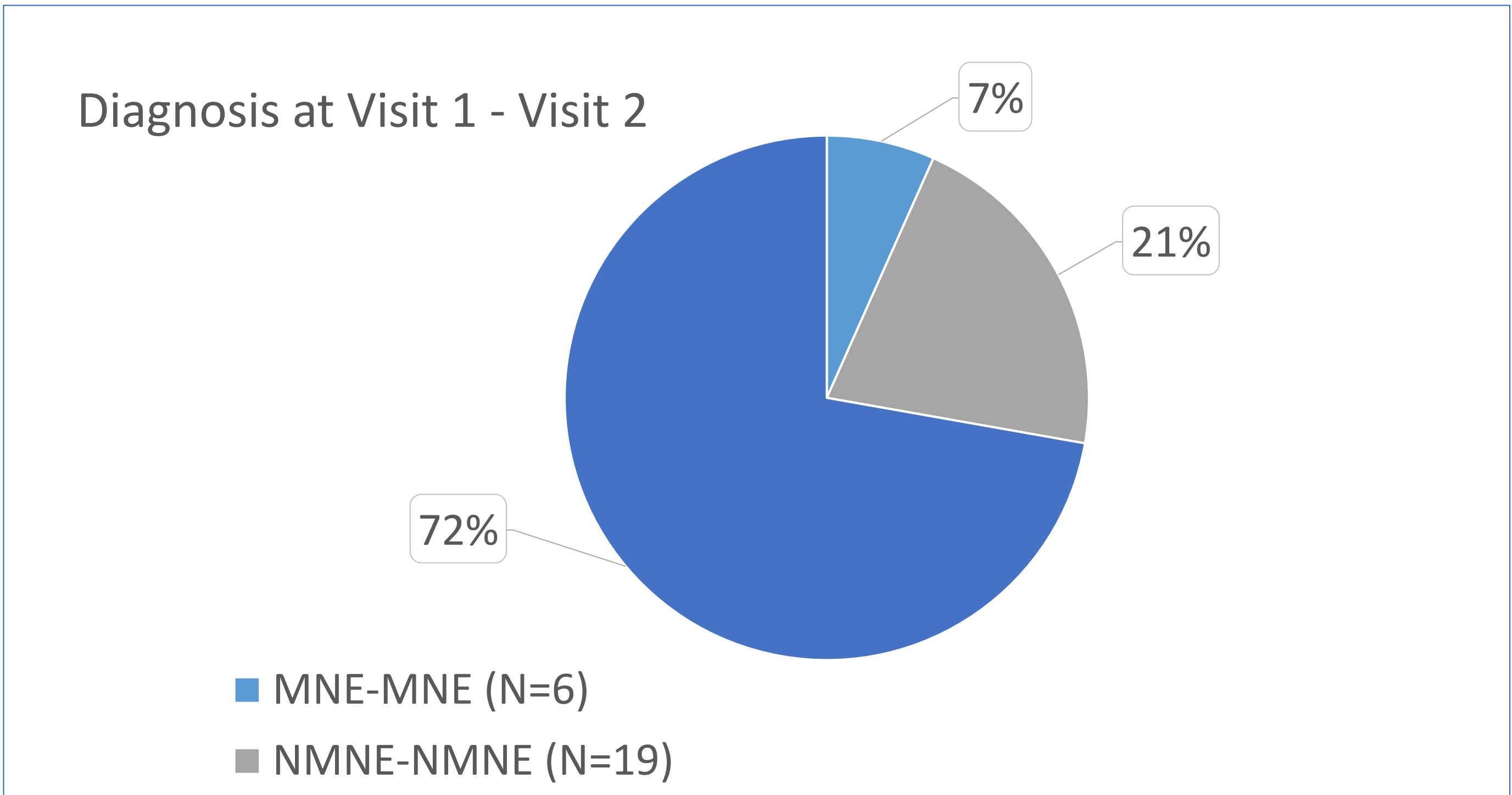
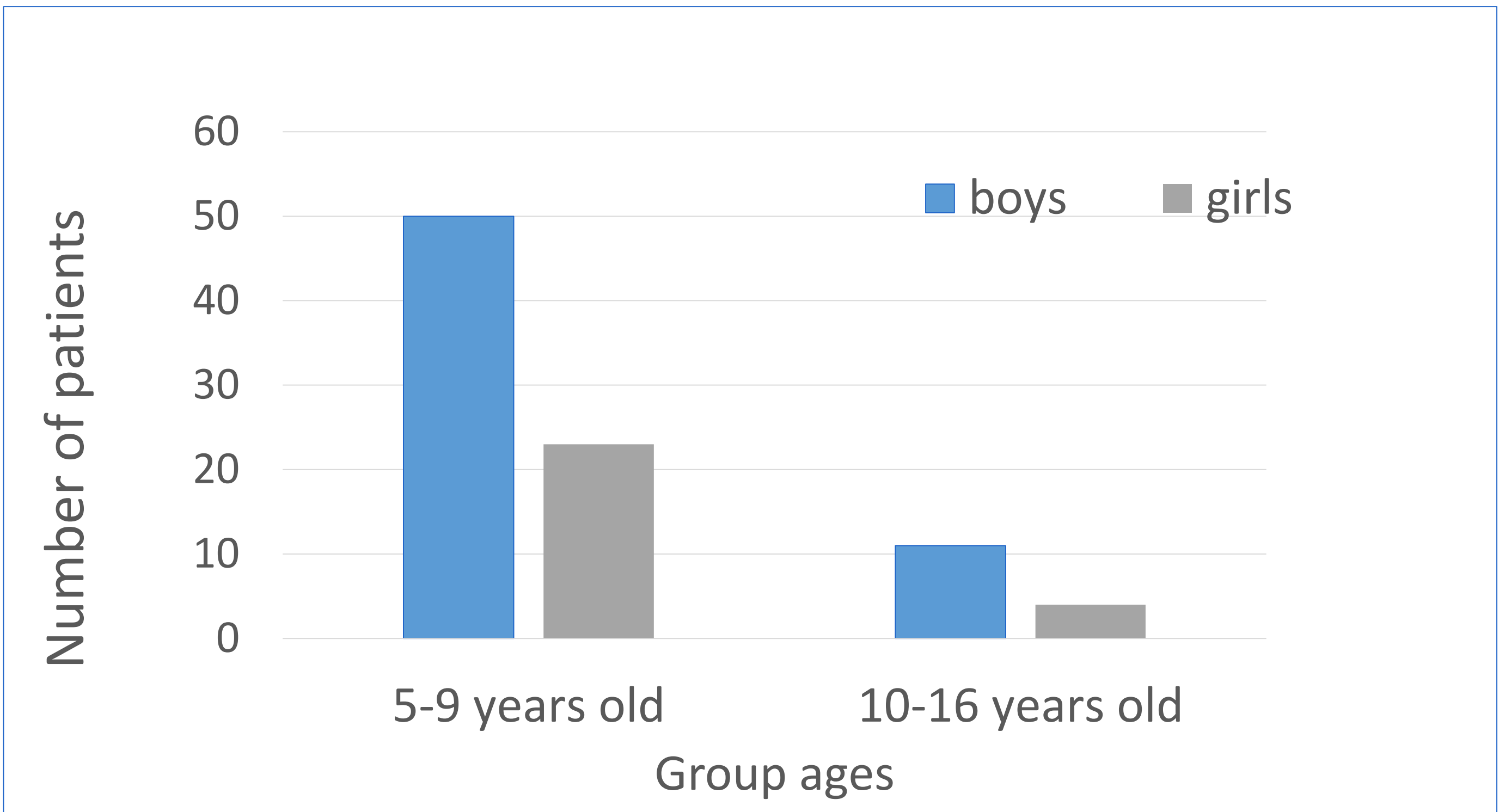
- **urge**: fair agreement ($\kappa=0,219$)
- **daytime incontinence**: moderate agreement ($\kappa=0,432$)
- **abnormal voiding frequency** (<3 or >8 voidings/day): no agreement ($\kappa=-0,057$).

METHODS

The aim of this study run in **7 Belgian Hospitals**, was to document in treatment naïve NE patients >5 years:

- The **prevalence** of MNE vs NMNE
- The **added value and correlation** of CMT and/or diary in differentiating NE.

At visit 1 CMT was obtained, after a thorough medical history and basic assessments. If daytime incontinence and/or LUTS were identified, the diagnosis was NMNE. After the 1st study visit, a 2day voiding diary (fluid intake, voiding volumes, incontinence) was registered at home. During the second study visit, this diary was evaluated; if the micturition frequency was >8 or <3 and/or there was daytime incontinence, the diagnosis was NMNE.



CONCLUSION

NMNE is more frequent than MNE in treatment naïve patients. CMT alone versus CMT and diary had a different sensitivity and specificity of identifying LUTS : in absence of validation of the importance by a therapeutic trial outcome, we state that we can only consider patients as MNE when and CMT and diary do not demonstrate LUTS.

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